

**MSEA-SEIU 2019 WAYNE HOLLINGWORTH MEMORIAL SCHOLARSHIP  
APPLICATION**

FULL NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

INDIVIDUAL YEARLY INCOME FROM ALL SOURCES \_\_\_\_\_

OCCUPATION \_\_\_\_\_

SPOUSE'S NAME (If applicable) \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAMES, AGES & RELATIONSHIP OF DEPENDENTS \_\_\_\_\_

YEARLY INCOME FROM ALL SOURCES \_\_\_\_\_

TO WHICH MSEA/SEIU CHAPTER/LOCAL DO YOU BELONG? \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED, OR PLANNING TO ENROLL IN A POST HIGH SCHOOL  
EDUCATION PROGRAM? \_\_\_\_\_

ARE YOU ENROLLING FOR CONTINUING EDUCATION CREDITS? \_\_\_\_\_

NAME AND MAILING ADDRESS OF SCHOOL/COLLEGE \_\_\_\_\_

COURSE YOU ARE TAKING OR PLAN TO TAKE \_\_\_\_\_

LENGTH OF COURSE (years, months, etc.) \_\_\_\_\_

ARE YOU A CURRENT OR FORMER ASPIRE PROGRAM PARTICIPANT? \_\_\_\_\_

***NO APPLICATION WILL BE CONSIDERED UNLESS ALL REQUIREMENTS ARE MET.***

**REQUIRED REFERENCES: Two references, i.e., one non-scholastic and one either scholastic  
or non-scholastic. Both must be from non-relatives.**

***PLEASE NOTE: It will be necessary for you to ask each of your references to send his/her letter of  
recommendation to the chairperson of the MSEA Scholarship Committee, Applications and  
accompanying data should also be mailed to the chairperson of the MSEA Scholarship Committee, 65  
State Street, Augusta, ME 04330. ALL INFORMATION MUST BE RECEIVED NO LATER THAN  
April 19, 2019.***

**DEADLINE FOR RECEIVING COMPLETED APPLICATIONS AT MSEA-SEIU**

**Local 1989 is April 19, 2019**